

# APPLICATION DATA SHEET

Stylesheet Version v14.0

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|---|---|--|--|
| Title of<br>Invention   | CATHETER DISTAL TIP DESIGN AND METHOD OF MAKING |  |  |
| Application Type: regular, utility<br>Attorney Docket Number: S63.2-11022-US01  |   |  |  |
| Correspondence address:<br><br>Customer Number: 490 *490*   |   |  |  |
| Inventors Information:<br><br><u>Inventor 1:</u><br>Applicant Authority Type: Inventor<br>Citizenship: US<br>Given Name: Jan<br>Family Name: Weber<br>City of Residence: Maple Grove<br>State of Residence: MN<br>Country of Residence: US<br>Address-1 of Mailing Address: 18112 89th Place North<br>Address-2 of Mailing Address:<br>City of Mailing Address: Maple Grove<br>State of Mailing Address: MN<br>Postal Code of Mailing Address: 55311<br>Country of Mailing Address: US<br>Phone:<br>Fax:<br>E-mail: |   |  |  |

Inventor 2:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Thomas  
**Middle Name:** J.  
**Family Name:** Holman  
**City of Residence:** Minneapolis  
**State of Residence:** MN  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 5621 Thomas Avenue South  
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**City of Mailing Address:** Minneapolis  
**State of Mailing Address:** MN  
**Postal Code of Mailing Address:** 55410  
**Country of Mailing Address:** US  
**Phone:**  
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Attorney Information:

| Name                       | Registration Number |
|----------------------------|---------------------|
| Ms. Lisa L. Ryan-Lindquist | 43071               |

Assignee 1:

**Organization Name:** Scimed Life Systems, Inc.  
**Address-1 of Mailing Address:** One Scimed Place  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Maple Grove  
**State of Mailing Address:** MN

Postal Code of Mailing Address: 55311

Country of Mailing Address: US

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